



★ VIRGINIA ★
DEPARTMENT of ELECTIONS

Statement of Organization
Candidate

CITY OF ALEXANDRIA

APR 10 2015

VOTER REGISTRATION
ELECTORAL BOARD

*Please read instructions before completing this form.

Type of Statement					
<input checked="" type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.	<input type="checkbox"/> AMENDED This committee is filing an amended statement of organization. <table border="1"><tr><td>Date Changes Took Effect</td><td>SBE-issued Committee ID</td></tr><tr><td> </td><td> </td></tr></table>	Date Changes Took Effect	SBE-issued Committee ID		
Date Changes Took Effect	SBE-issued Committee ID				
Committee Information					
Committee Information	VAN FLEET FOR ALEXANDRIA COUNCIL Name of Candidate Campaign Committee				
	P.O. BOX 320904 Street Address/PO Box				
	ALEXANDRIA VA 22320 City State Zip Code				
	N/A N/A Email Address Daytime Phone #				
	N/A Campaign Website				
Candidate Information					
Candidate Information	MR. VAN FLEET TOWNSEND ALLEN Salutation Last Name First Name Middle Name Suffix				
	26 WOLFE ST. Residence Address				
	ALEXANDRIA VA 22314 City State Zip Code				
	ALEXANDRIA 709019837 County or City of Residence Voter Identification #				
	VMGTHEHILL@AOL.COM 703-901-3659 Email Address Daytime Phone #				
	<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
Election Information					
Election Information	ALEXANDRIA, VA CITY COUNCIL Office Sought District (if one)				
	Republican 2015 <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special Political Party Year of Election Type of Election				



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Treasurer Information					
Treasurer Information	VAN FLEET Townsend Allen				
	Salutation	Last Name	First Name	Middle Name	Suffix
	26 Wolfe St.				
	Residence Address		Apt #		
	Alexandria		VA	22314	
	City	State	Zip Code		
	Alexandria	709019837			
County or City of Residence		Voter Identification #			
VMGTHEHILL@aol.com		703-901-3659			
Email Address		Daytime Phone #			
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.					
Campaign Depository					
SUNTRUST					
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)			
Alexandria	VA				
City	State	City	State		
Committee Activity					
Dates of Activity	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")				
	Date first contribution accepted:	N/A			
	Date first expenditure made:	4/8/15			
	Date campaign depository designated:	4/8/15			
	Date filing fee paid for party nomination:	N/A			
	Date statement of qualification filed:	N/A			
Date treasurer appointed:	4/8/15				

(continued on next page)



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Filing Method	
Filing Method	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input type="checkbox"/> File electronically using SBE's electronic filing application (COMET).</p> <p><input type="checkbox"/> File electronically using an SBE approved vendor</p> <p>Please indicate name of vendor: _____</p> <p><input checked="" type="checkbox"/> File paper reports.</p> <p><i>Jamsead Wan Fleet</i> <u>4/9/15</u> Signature Date</p>
Signatures	
Candidate's Signature	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p><i>Jamsead Wan Fleet</i> <u>4/9/15</u> Candidate's Signature Date</p>
Treasurer's Signature	<p>I accept the appointment of treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p><i>Jamsead Wan Fleet</i> <u>4/9/15</u> Treasurer's Signature Date</p>